

# MO DMH Shelter Plus Care Eligibility Packet—SERVICE NEEDS FORM

**Head of Household Name:** \_\_\_\_\_

Please answer all of the following questions. This information helps DMH assess the Head of Household's level of support service needs.

	RESPONSE		DMH USE
What is your age?			
	YES	NO	
Do you have a serious mental illness?			
Do you have a drug use disorder?			
Do you have an alcohol use disorder?			
Do you have a developmental disability?			
Do you have HIV or AIDS?			
Do you have Post-Traumatic Stress Disorder (PTSD)?			
Do you have any cognitive impairments resulting from a brain or head injury?			
Do you have a physical disability?			
Do you have any of the following:	YES	NO	
Kidney disease, end-stage renal disease, or use of dialysis			
History of frostbite, hypothermia, or immersion foot			
History of heat stroke or heat exhaustion			
Liver disease or cirrhosis			
History of heart disease, heart attack, stroke, or irregular heartbeat			
Emphysema or chronic obstructive pulmonary disease (COPD)			
Diabetes			
Severe asthma or bronchitis			
Cancer			
Hepatitis C			
Tuberculosis			
	RESPONSE		
In the past six months, how many times have you been to the emergency room?			
In the past six months, how many times have you used a crisis service such as a suicide hotline?			
In the past six months, how many times have you been hospitalized as an in-patient?			
In the past 12 months, how many separate times have you been in jail or prison?			
In the past three years, how many months total have you been in jail or prison?			
	YES	NO	
Do you have any legal stuff going on now that may result in you being locked up or having to pay fines?			
Since becoming homeless, have you ever been attacked or beaten up?			
Since becoming homeless, have you ever engaged in risky behavior, such as sharing needles, having unprotected sex with a stranger, or exchanging sex for money?			